



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

February 13, 2008

Malynda Seiler, Administrator
Gables of Ammon--Niguel Sante, LLC
P.O. Box 2122
Idaho Falls, ID 83403

License #: RC-891

Dear Ms. Seiler:

On January 8, 2008, a Fire Life Safety Survey was conducted at Gables of Ammon--Niguel Sante, LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Taylor Barkley, Health Facility Surveyor, Facility Fire Safety and Construction Program, at (208) 334-6626.

Sincerely,

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety & Construction Program

TB/lj

c: Mark Grimes, Supervisor, Facility Fire Safety & Construction Program



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January 14, 2008

Malynda Seiler, Administrator
Gables Of Ammon--Niguel Sante, LLC
P.O. Box 2122
Idaho Falls, ID 83403

Dear Ms. Seiler:

On January 8, 2008, a Fire Life Safety Survey was conducted at Gables Of Ammon--Niguel Sante, LLC. The facility was found to be providing a safe environment for its residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 8, 2008.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

MARK GRIMES
Supervisor
Facility Fire Safety & Construction Program

MG/lj

Enclosure

FILE COPY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R891	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ENTIRE BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 01/08/2008
NAME OF PROVIDER OR SUPPLIER GABLES OF AMMON-NIGUEL SANTE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1405 CURLEW DRIVE IDAHO FALLS, ID 83406		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The facility was found to be in substantial compliance with the fire and life safety requirements of the Rules for Residential or Assisted Living Facilities in Idaho. No core deficiencies were cited during the standard fire/life safety survey conducted on January 8, 2008.</p> <p>The surveyor conducting the survey was:</p> <p>Taylor Barkley Health Facility Surveyor Facility Fire safety & Construction</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



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BUREAU OF FACILITY STANDARDS
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Gables of Amman</i>	Physical Address <i>1405 Curlew Drive</i>	Phone Number <i>208-535 0090</i>
Administrator <i>Malvinda Seiler</i>	City <i>Amman Id</i>	ZIP Code <i>83406</i>
Survey Team Leader <i>Taylor Barkley</i>	Survey Type	Survey Date <i>1-8-8</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
1	404.02	The emergency lights by Rooms # 125, 115, 103, new dining room, and the Administrators office do not work.	1-11-8	
2	404.02	The facility has four transfer grills in the corridor walls of the new addition. OK <i>Jyh Barry</i>	1-24-8	
3	405.01.b	The med room has an extension cord powering A paper shredder.	1-8-8	
4	404.02	The furnace room by employee lounge door does not self close.	1-9-8	
5	404.02	Fuel fired heater room make-up air ducts terminate in attic.	1-29-8	
6	415.02	The facility did not have fuel fired heating devices annually inspected	1-8-8	

Response Required Date <i>2-8-8</i>	Signature of Facility Representative <i>Malvinda Seiler</i>	Date Signed <i>1/8/08</i>
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